Child's Name: Baby Special
Child's DOB: 11/03/2004
**C2AP**
Parent's Name: Mommy Special
Child's Age: 7:03
Parent's Phone #: (707) 555-5554
Family Services Specialist: Temporary New
Provider's Phone #: (707) 555-5555
Provider Type: Licensed Center-Based
Family ID: 01234
Provider Services Specialist: Temporary New
Timesheet #: 102115

ABC Preschool Center
123 Happy Kid Lane
Fairfield, CA 94533

**Solano Family & Children's Services**
**421 Executive Court North**
**Fairfield, CA 94534-4019**
**(707) 863-3950**

## Subsidized Child Care Attendance Form

# DECEMBER 2014

**THE MERE ACT OF RECEIVING THIS CHILD CARE ATTENDANCE FORM DOES NOT GUARANTEE PAYMENT FROM SFCS.**

Sample

**Please remember to include AM & PM on in/out times.**
SHADED AREAS ARE FOR CHILDREN WHO GO TO SCHOOL

| DATE/DAY OF WEEK | TIME IN | TIME OUT | TIME IN | TIME OUT | DATE/DAY OF WEEK | TIME IN | TIME OUT | TIME IN | TIME OUT |
|---|---|---|---|---|---|---|---|---|---|
| 1 –Mon | 8:03 a.m. | | | 5:58 p.m. | 17 –Wed | | | | |
| 2 –Tue | The above example is used when a child does not go to school and does not have his/her child care setting interrupted. | | | | 18 –Thu | 7:49 a.m. | 8:13 a.m. | 2:49 p.m. | 6:06 p.m. |
| 3 –Wed | | | | | 19 –Fri | The above example is used when a child goes to child care in the morning, then leaves for school, then comes back to child care after school, and then goes home with the parent at the end of the day. | | | |
| 4 –Thu | | | 2:47 p.m. | 5:50 p.m. | 20 –Sat | | | | |
| 5 –Fri | The above example is used when a child is dropped off at school by the parent and only goes to the child care facility after school. | | | | 21 –Sun | A | | | |
| 6 –Sat | | | | | 22 –Mon | The above example is used when a child is absent on any of the regularly certified days. | | | |
| 7 –Sun | 6:27 a.m. | 8:11 a.m. | | | 23 –Tue | | | | |
| 8 –Mon | The above example is used when a child goes to child care in the morning, then leaves for school and does not return to the child care that day. | | | | 24 –Wed | 3:35 p.m. | | | 7:26 a.m. |
| 9 –Tue | | | | | 25 –Thu | The above example is used when a child goes to child care one day and doesn't leave until the following day (the child care setting is not interrupted). | | | |
| 10 –Wed | DNO | | | | 26 –Fri | | | | |
| 11 –Thu | The above example is used when the child care facility is closed due to a Provider's Day of Non Operation (DNO). | | | | 27 –Sat | NC | | | |
| 12 –Fri | | | | | 28 –Sun | The above example is used when there is no care scheduled for the day. | | | |
| 13 –Sat | | | | | 29 –Mon | | | | |
| 14 –Sun | | | | | 30 –Tue | | | | |
| 15 –Mon | | | | | 31 –Wed | | | | |
| 16 –Tue | | | | | | | | | |

A = Absence  DNO = Day of Non Operation  NC = No Care

Sample

**PARENT:**
I certify that the hours of attendance (including holidays) as stated above are true and accurate and that child care was necessary for the purpose specified during my last certification of eligibility. I certify that I have reported all changes in my income, employment, training, family size, and all other eligibility/need during the month listed above, to my assigned Family Services Specialist. I further certify under penalty of perjury under the laws of the State of California that the above statements are true and correct to the best of my knowledge.

Parent's FULL Signature: Mommy Special  Date Signed: 1/1/15

**CHILD CARE PROVIDER:**
I certify that I provided the child care services stated above. I have claimed ALL child care hours provided by me at the address on file with SFCS, with the understanding that SFCS will ONLY reimburse me for the certified child care hours. I certify that I operated within compliance of all Subsidized Child Care Program Regulations and SFCS Provider Policies (as they apply to my type of care), while providing child care services during the month listed above. I further certify under penalty of perjury under the laws of the State of California that the above statements are true and correct to the best of my knowledge.

Provider's FULL Signature: Provider Special  Date Signed: 1/1/15

Notify FSS of Pattern  PSS Initials: _____  Date Notified: _____  Date Processed: _____  Processed by: _____